

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/10/2014
NAME OF PROVIDER OR SUPPLIER VIBRA HOSPITAL OF NORTHWESTERN INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 9509 GEORGIA ST CROWN POINT, IN 46307		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This survey was for the investigation of one state complaint.</p> <p>Complaint number: IN00148444</p> <p>Substantiated; State Deficiency related to allegation cited.</p> <p>Date of survey 12/10/2014</p> <p>Facility #: 012131</p> <p>Surveyor: Nancy Otten, RN Public Health Nurse Surveyor</p>	S 000		
S 332	<p>410 IAC 15-1.4-1 GOVERNING BOARD</p> <p>410 IAC 15-1.4-1(c)(6)(L)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following:</p> <p>(6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(L) Demonstrating and documenting personnel competency in fulfilling assigned responsibilities and verifying inservicing in special procedures.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the governing board failed to ensure follow-up</p>	S 332		2/17/15

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 332	Continued From page 1 training when identified that nursing staff needed to demonstrate competency in operating patient care equipment for one Hoyer Lift. Findings: 1. Review of patient #5's medical record on 4/27/2014 at 2200 indicated the following: patient received a corneal abrasion when hit by a Hoyer Lift bar, while being transferred. 2. Review of facility report form, dated 4/27/2014, indicated the following: "Document steps to prevent reoccurrence of injury: Prevention: more inservices." 3. On 12/10/2014 at 1500 hours, staff #3 was requested to provide documentation of follow-up training for operating the Hoyer Lift. None was provided by the exit of the survey.	S 332			